

DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.

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ATTORNEYS' DOCKET NO.

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT, PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

A method for detecting an analyte in a sample

which is described and claimed in: ☒ PCT International Application No. PCT/EP03/14661 filed 19 Dec. 2003  
☐ the attached specification ☐ the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_

(If applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

EP 02 028 582.1 Europe 20 Dec. 2002  
(Number) (Country) (Day/Month/Year Filed)

Priority Claimed

☒ Yes ☐ No

US 60/439,439 USA 13 Jan. 2003  
(Number) (Country) (Day/Month/Year Filed)

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(Number) (Country) (Day/Month/Year Filed)

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Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

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(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN  
PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
<i>X Silke</i>	<i>X</i>	<i>X</i>
DATE <i>X 5.8.2005</i>	DATE <i>X</i>	DATE <i>X</i>

\*Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

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204	FULL NAME * OF INVENTOR	FAMILY NAME Jäger	GIVEN NAME Stefan	MIDDLE NAME ----
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Nissenstr. 14	CITY Hamburg	STATE OR COUNTRY Germany
205	FULL NAME * OF INVENTOR	FAMILY NAME Gall	GIVEN NAME Karsten	MIDDLE NAME ----
	RESIDENCE & CITIZENSHIP	CITY Lunestedt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Schulstr. 23	CITY Lunestedt	STATE OR COUNTRY Germany
206	FULL NAME * OF INVENTOR	FAMILY NAME Stürmer	GIVEN NAME Werner	MIDDLE NAME ----
	RESIDENCE & CITIZENSHIP	CITY Wahlwies	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German
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207	FULL NAME * OF INVENTOR	FAMILY NAME Schäfer	GIVEN NAME Michaela	MIDDLE NAME ----
	RESIDENCE & CITIZENSHIP	CITY Orsingen-Nenzingen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German
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DATE X 30 Aug. 05	DATE X	DATE X
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE X	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

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201	RESIDENCE & CITIZENSHIP	<u>Hinnah</u>	<u>Silke</u>	<u>----</u>
	CITY	<u>Hamburg</u>	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	<u>Germany</u>	<u>German</u>		
202	POST OFFICE ADDRESS	<u>Wogenmannsburg 27</u>	CITY	STATE OR COUNTRY
	<u>Hamburg</u>	<u>Germany</u>	<u>22457</u>	
203	FULL NAME * OF INVENTOR	<u>Lambrü</u>	<u>Daqmar</u>	<u>----</u>
	RESIDENCE & CITIZENSHIP	<u>Faßberg</u>	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	<u>Germany</u>	<u>German</u>		
204	POST OFFICE ADDRESS	<u>Gerdehaus 5</u>	CITY	STATE OR COUNTRY
	<u>Faßberg</u>	<u>Germany</u>	<u>29328</u>	
205	FULL NAME * OF INVENTOR	<u>Dröge</u>	<u>Sonja</u>	<u>----</u>
	RESIDENCE & CITIZENSHIP	<u>Elmshorn</u>	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	<u>Germany</u>	<u>German</u>		
206	POST OFFICE ADDRESS	<u>Louis-Mendel-Str. 80</u>	CITY	STATE OR COUNTRY
	<u>Elmshorn</u>	<u>Germany</u>	<u>25335</u>	

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Priority Claimed

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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	RESIDENCE & CITIZENSHIP	CITY <u>Hamburg</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>German</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Wogenmannsburg 27</u>	CITY <u>Hamburg</u>	STATE OR COUNTRY <u>Germany</u>
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE X	DATE X	DATE X
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE X	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

□ Additional inventors are named on separately numbered sheets attached hereto.  
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# DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY  
ATTORNEYS' DOCKET NO.

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

**A method for detecting an analyte in a sample**

which is described and claimed in: ☒ PCT International Application No. **PCT/EP03/14661** filed **19 Dec. 2003**  
☐ the attached specification ☐ the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_  
(If applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

<b>EP 02 028 582.1</b> (Number)	<b>Europe</b> (Country)	<b>20 Dec 2002</b> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>US 60/439,439</b> (Number)	<b>USA</b> (Country)	<b>13 Jan 2003</b> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Priority Claimed

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys (Registration No. ) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (28,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME <b>Hinnah</b>	GIVEN NAME <b>Silke</b>	MIDDLE NAME -----
	RESIDENCE & CITIZENSHIP	CITY <b>Hamburg</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>German</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Wogenmannsburg 27</b>	CITY <b>Hamburg</b>	STATE OR COUNTRY <b>Germany</b> ZIP CODE <b>22457</b>
202	FULL NAME * OF INVENTOR	FAMILY NAME <b>Lambrü</b>	GIVEN NAME <b>Dagmar</b>	MIDDLE NAME -----
	RESIDENCE & CITIZENSHIP	CITY <b>Faßberg</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>German</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Gerdehaus 5</b>	CITY <b>Faßberg</b>	STATE OR COUNTRY <b>Germany</b> ZIP CODE <b>29328</b>
203	FULL NAME * OF INVENTOR	FAMILY NAME <b>Dröge</b>	GIVEN NAME <b>Sonja</b>	MIDDLE NAME ---
	RESIDENCE & CITIZENSHIP	CITY <b>Elmshorn</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>German</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Louis-Mendel-Str. 80</b>	CITY <b>Elmshorn</b>	STATE OR COUNTRY <b>Germany</b> ZIP CODE <b>25335</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

\*Additional inventors are named on separately numbered sheets attached hereto.

**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

\* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME Jäger	GIVEN NAME Stefan	MIDDLE NAME ----
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Nissenstr. 14	CITY Hamburg	STATE OR COUNTRY Germany
205	FULL NAME * OF INVENTOR	FAMILY NAME Gall	GIVEN NAME Karsten	MIDDLE NAME ----
	RESIDENCE & CITIZENSHIP	CITY Lunestedt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Schulstr. 23	CITY Lunestedt	STATE OR COUNTRY Germany
206	FULL NAME * OF INVENTOR	FAMILY NAME Stürmer	GIVEN NAME Werner	MIDDLE NAME ----
	RESIDENCE & CITIZENSHIP	CITY Wahlwies	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Zum Weilerle 8	CITY Wahlwies	STATE OR COUNTRY Germany
207	FULL NAME * OF INVENTOR	FAMILY NAME Schäfer	GIVEN NAME Michaela	MIDDLE NAME ----
	RESIDENCE & CITIZENSHIP	CITY Orsingen-Nenzingen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Friedhofstr.1	CITY Orsingen-Nenzingen	STATE OR COUNTRY Germany
208	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE X	DATE X 02.09.05	DATE X
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE X	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

☐ Additional inventors are named on separately numbered sheets attached hereto.  
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DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.

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**A method for detecting an analyte in a sample**

which is described and claimed in:

☐ the attached specification

☒

PCT International Application No.

PCT/EP03/14661

filed 19 Dec. 2003

☐

the specification in application Serial No.

filed

(if applicable) and amended on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

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Prior Foreign Application(s)

EP 02 028 582.1

(Number)

Europe

(Country)

20 Dec. 2002

(Day/Month/Year Filed)

Priority Claimed

☒

Yes

☐

No

US 60/439,439

(Number)

USA

(Country)

13 Jan. 2003

(Day/Month/Year Filed)

☒

Yes

☐

No

(Number)

(Country)

(Day/Month/Year Filed)

☐

Yes

☐

No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No.

Filing Date

Application No.

Filing Date

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(Filing Date)

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**JACOBSON HOLMAN**  
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400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
203	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

\*Additional inventors are named on separately numbered sheets attached hereto.

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	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Nissenstr. 14	CITY Hamburg	STATE OR COUNTRY Germany	ZIP CODE 20251
205	FULL NAME * OF INVENTOR	FAMILY NAME Gall	GIVEN NAME Karsten	MIDDLE NAME ----	
	RESIDENCE & CITIZENSHIP	CITY Lunestedt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Schulstr. 23	CITY Lunestedt	STATE OR COUNTRY Germany	ZIP CODE 27616
206	FULL NAME * OF INVENTOR	FAMILY NAME Stürmer	GIVEN NAME Werner	MIDDLE NAME ----	
	RESIDENCE & CITIZENSHIP	CITY Wahlwies	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Zum Weilerle 8	CITY Wahlwies	STATE OR COUNTRY Germany	ZIP CODE 78333
207	FULL NAME * OF INVENTOR	FAMILY NAME Schäfer	GIVEN NAME Michaela	MIDDLE NAME ----	
	RESIDENCE & CITIZENSHIP	CITY Orsingen-Nenzingen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP German	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Friedhofstr.1	CITY Orsingen-Nenzingen	STATE OR COUNTRY Germany	ZIP CODE 78359
208	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE X	DATE X	DATE X 19.9.2005
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE X 15.9.2005	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

0 Additional inventors are named on separately numbered sheets attached hereto.  
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